.0.0	R U	REAU OF VITAL STATISTI	C.S. Ter. May In 7
istrict of XAV			CO'. Ter. Theox to.
own of		ORIGINAL CERTIFICATE OF BIRTH.	Co. Register NoQ.
Teste	Dalak	hones lies .	Local Registrar's No
Eo	na OK Sisira	NOTES ALL	St;Wa
ULL NAME OF CHILD COME	***************************************		Sorn) \ Alive \
child is not named, make Supplemental R	eport on blank obtainable from local	registrar.	
n of Twin, Triplet ar other plura	and Aumber; in order / ef birth	ite?	2 191
ALL GAVINA PATHER		Full Maiden Mother Name Mother	ith) (Day) (Yi
sideace dehoolhouse the	- N. Gest	Residence Glabi	
olor Race Mayican	Age at last 35 Birthday (Years)	Color or Race Musican	Age at last 22 Birthday
irthplace Santia co M	miès ·	Birthplace	(Years)
ccupation Winer		Occupation	<u> Picv</u>
mber of child of this mether	mbor of children, of this mother, new living	Were Procautions taken against Ophi	halmia noonatorum?
CERTIFIC	ATE OF ATTENDIN	G PHYSICIAN OR MIDW	IFE*
hereby certify that I attended the	birth of above child; and th	hat it occurred on May	2 191 2 at
		ignature) Paul (Attending physician, m	cacher
When there is no attending phys midwife, then the householder should		· · · · · · · · · · · · · · · · · · ·	uu=×√.,FIONSCΩOIΩCΓ.*)
*When there is no attending phys midwife, then the householder shoul this return. Given or christian name adde	•	Address 5	lake, arin
this return.	ed from a	14 1912 BYJ.	labe, arex